

# MEMS COMPUTER NETWORK ACCESS REQUEST

<b>If you are a United States citizen, please sign your name in the box to the right, as verification.</b> If you are not a United States citizen, your access will be limited.			
Last Name:		First Name:	MI:
Company/University:			
Address:			
City/State/Zip:			
Telephone:			
Email:			
<b>LEVEL OF ACCESS:</b> <input checked="" type="checkbox"/> EXTERNAL CUSTOMER ACCESS <i>limited time access—ONE YEAR</i>			
<b>By signing your name as the Requester in the box below, you assume full responsibility for the proper use and protection of the computer resources. These resources are to be used ONLY FOR OFFICIAL BUSINESS.</b> <b>Passwords are considered PRIVATE information and must not be shared or compromised.</b>			
Requester's Signature:	Manager's Signature:		Date:

***Please FAX to Stephanie Johnson at (505) 284-7690***

<b>FOR INTERNAL USE ONLY</b>	
APPROVAL:	
USER DISK:	
ACCOUNT USERNAME:	
DATE ENTERED:	